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Bib Data Sheet

CONFIRMATION NO. 3877

SERIAL NUMBER 09/965,437	FILING DATE 09/27/2001 RULE	CLASS 455	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 10745/022
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APPLICANTS

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** CONTINUING DATA *****

None NPA

** FOREIGN APPLICATIONS *****

None NPA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Melvin R</i> Initials: <i>NR</i>				

ADDRESS

08791

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SEVENTH FLOOR

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90025-1030

TITLE

Layer three quality of service aware trigger

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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